NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) **CSO DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD: OCT / 2011 NO. CSO DISCHARGES OCCURRED:

MONTH / YEAR

NAME: C	ITY OF MATT	OON WWTP	T NUMBER : IL0029831					
ADDRESS: 820 S. 5 TH PLACE				CERTIFIED MAIL 7010 0780 0000 4460 3644				
CITY: MATTOON STATE: ILLINOIS ZIP CODE: 61938 TELEPHONE: (217) 234-6828								
RAIN	ESTIMATED	ESTIMATED	CSO OUTFALLS THAT DISCHARGED:			ESTIMATED		
EVENT START DATE:	DURATION OF EVENT (IN HOURS):	AMOUNT OF RAINFALL (IN INCHES):	OUTFALL NUMBER:	OUTFALL DESCRIPTION:	OF DI:	DURATION OF CSO DISCHARGE (IN HOURS);		
10/20/11	36	3.05	004	N. RT. 45 ICRR DITCH TO RILEY CREEK		16		
10/20/11	36	3.05	800	11 th & HOWELL ASPHALT		16		
					1			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMNED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY			DATE			
TIM GOVER		INFORMATION SUBMITTED HEHEIN INQUIRY OF THOSE INDIVIDUALS IT RESPONSIBLE FOR OBTAINING TH THE SUBMITTED INFORMATION IS COMPLETE. I AM AWARE THAT THI PENALTIES FOR SUBMITTING FALS INCLUDING THE POSSIBILTY OF FI SEE 18 USC \$ 1001 AND 33 USC \$ these statutes may include fines up maximum imprisonment of between	MMEDIATELY E INFORMATION I BELIEVE TRUE, ACCURATE, AND ERE ARE SIGNIFICANT SE INFORMATION NE AND IMPRISONMENT. 1319 (Penalties under to \$10,000 and or	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	11	02	11	

This Agency is authorized to require this information under Illinois Revised Statutes, 1991, Chapter 111 ½, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

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